

Chappell (W. F.)

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TRAUMATISM OF THE NASAL PASSAGES,

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NEURASTHENIA AND NEURALGIA FROM TRAUMATISM OF THE NASAL PASSAGES.*

BY W. F. CHAPPELL, M.D., M.R.C.S., ENG.

THE past three years has seen a marked increase in our exact knowledge and appreciation of the condition of persons said to be neurasthenic. When Beard classified the symptoms of this disease and gave them a name, many physicians, especially in Europe, did not believe it to be a definite disease, traceable to certain causes, giving a definite train of symptoms and requiring most skillful treatment. They had been accustomed to say that these sufferers were overworked, hypochondriacal, or a little hipped. The latter word was used in England to specially describe the condition we now know to be one of neurasthenia.

Neurasthenia has been mostly confined to the practice of physicians, some recognize three classes of this affection—

(1) Reflex.

(2) Lithæmic.

(3) Simple neurasthenia. The latter the most frequent and due to overwork and excesses of various kinds. During the past eighteen months, much fruitful observation and investigation has been pursued in this field by neurologists and surgeons. They have frequently warned the profession of the serious nervous disturbance which occasionally follows operations and accidents accompanied by severe shock. This condition is now so well recognized as to be called traumatic neurasthenia and traumatic neurosis.

* Read before the Laryngological section of the Academy of Medicine.

This form of neurasthenia has been studied and described as occurring chiefly after railway and other serious accidents. There is nothing specific, however, in these accidents to produce this peculiar and definite train of symptoms. They may be caused by any thing which produces great shock or fright, especially in certain persons whose condition is favorable for their developement.

We all know that the influence of a neurosis may never manifest itself, unless overwork, accident, or fright, determines its appearance.

Oppenheim, quoted by Dr. Henry Hun, says the principal symptoms of this condition are mental depression, hallucinatory delirium, vertigo and spasms. There is a combination of hyperæsthesia and anæsthesia, not only of the cutaneous nerves, but also of the special senses; tremor is common, palpitation frequent, and also a failure of the general nutrition.

Hun, again, quoting from Strümbell, says that the latter divides these cases into those suffering from general traumatic neuroses, and a second class from local traumatic neuroses. To the first class belong those cases which, after a severe shock or concussion, develop certain well defined symptoms referable to the nervous system, and similar in every way to what is known as neurasthenia, melancholia, etc.

To the second class belong those severe nervous symptoms, such as local paralysis, contracture, hyperæsthesia, seen occasionally after severe local injuries and due entirely to psychical excitement associated with the injury of the part.

Knapp, Shaw, Sequin, and several other writers, have given this subject attention during the past year, but I have quoted enough to show you how important this class of nervous symptoms is considered.

In my opinion, operations in the nasal passages offer a most favorable opportunity for the development of traumatic neuroses. Their mucous membrane has an abundant nerve distribution, in intimate relation with the most important nerve centres. We cannot easily reduce or prevent shock in these operations, by the use of ether and chloroform, as the necessary position and coöperation of the patient prevent their use. Cocaine, if used freely, will relieve the pain in most cases, but there are some in which no amount of cocaine seems to render anæsthesia complete. Even when we do get immunity from pain, the patient is able to feel the grating of the saw or the pulling and pinching of the forceps and wire. To those who are not familiar with these complaints, this may seem a matter of little importance, but be assured any one who has had personal experience, or seen the effect on some of his patients, will readily realize that fear is more distressing than pain, and that a serious nervous disturbance might be produced on some persons.

I shall now relate short histories of six cases of nervous disturbance following operations in the nasal cavity.

O. H. R., age 36, Clergyman.—Had never had any serious illness. While not a decidedly nervous person, always consulted his physician about slight ailments, and was very anxious until he had entirely recovered. For five years had suffered from post—nasal discharge, due to hypertrophic rhinitis, and a large bony spur growing from the anterior part of the septum near the floor of the left naris.

I injected monochloroacetic acid into the hypertrophied mucous membrane three times in 1888, averaging three months apart. This relieved the post nasal discharge very much. On January 9th, 1889, he consulted me again, as he still had some discomfort from post-nasal mucus.

I then removed the spur with the saw, using cocaine freely. There was little hemorrhage and no pain, but loud complaints about the grating of the saw. A small ledge of the spur remaining on the lower part of the cut surface, I removed it with Dr. A. H. Smith's canula scissors. The patient immediately complained of intense pain and burning sensation in the centre of the forehead, which continued for several hours. In the afternoon of the same day, on attempting to write, he found he was unable to compose with clearness and readiness, and with great difficulty finished a disconnected letter.

In the evening, he took up the newspaper, but was unable to read, as he could not connect the sentences and their meaning. He remained in the city for a few days, still feeling very weak and nervous. He constantly said he felt that he would never be able to resume his duties.

January 13th, while delivering a sermon, he found great difficulty in choosing words to express himself, and with great effort concluded his discourse. The same day he forgot to pronounce the benediction, and when reminded of his neglect, could not recollect the omission. The following week he was very depressed and totally unable to do anything. He wished to sit quiet and not be disturbed.

The next Sunday he had what he called two nervous chills, and violent palpitation of the heart, produced, he thought, by a dread that he would break down during his morning service, or make some blunder without being aware of it.

January 28th, he called to see me, and after relating the foregoing symptoms, added that he had a tight feeling around the head, pain in the occipital region and a general feeling of confusion. He was perfectly hopeless about the future, and said he would never preach again, and that he was going to re-

sign his parish. On examination, I found the wound healed, and with no particularly sensitive spots. His physical condition was good. Pulse 90. Temperature normal. Urine pale straw in color; specific gravity 1018; reaction, faintly acid, no albumen or sugar.

At the suggestion of Dr. A. H. Smith, I applied Paquelin's thermo-cautery lightly to the back of the patient's neck and spine every other day for a week.

He then returned home somewhat improved. October 10th, he visited me again, and reported that he had been very miserable and despondent for months past. During the summer had six weeks' holidays, but was very little improved by it. Crowds and noises made him nervous and chilly. The ringing of bells brought on a violent attack of palpitation. At this date (Oct. 10th), he seemed quite as ill as in January. Complains constantly of the tight feeling around the head and hot sensation in the frontal region, occasional pains behind the ears and in the back of neck. Says he has a numb feeling behind the left ear, and a belief that the brain in that region don't act. Still has difficulty in originating new ideas and also in reading and writing. Has none of his old enthusiasm in his delivery or work. When reading aloud, had difficulty in forming his lips to pronounce the words.

A month later his condition was unimproved, and he consulted Dr. C. L. Dana, who made the diagnosis of cerebral neurasthenia, and advised prolonged rest.

I saw this patient on the 8th of the present month, just one year and three months since the operation. He was unable to take the complete rest advised, and continued his duties. He did everything to improve his general condition, and says his improvement was gradual. He is now in very robust health.

in fact has never been so well. Has none of the head symptoms he had six months ago, but if very tired has a stiff feeling in the frontal region.

J. G., age 26, came to the outdoor clinic of the Presbyterian Hospital in October, 1888. He had always been in good health, but was of a nervous temperament and very anxious about his present condition. For two years had been unable to breath through his left nostril, owing to a large spur growing from the lower part and centre of the septum. I removed this at once with the saw. He complained greatly of the sawing sensation, and said he felt it at the top of his head and in his teeth. Two hours later he had a tight feeling around the head and numbness of left arm, and as he described it creepy feelings down his back. The following day he was despondent and easily moved to tears. Said he could not think; reading had no interest for him; he felt he would never be able to work again. Three weeks later the numbness left the arm. The other symptoms improved gradually, but he was not well until six months later.

Mrs. W., age 68, suffered occasionally from headaches, otherwise enjoyed good health. The mucous membrane, covering the middle turbinated bodies, was much hypertrophied and hung in pendulous masses occluding the nares. After using cocaine, one drop of monochloracetic acid was injected into the mucous membrane of the right side. There was a little pain, which ceased before she left the office. In the evening severe pain attacked the right side of the face, extended from the right frontal sinus over the top of the head to the occiput, and a slight aching down the back. The pain also extended down the right side of the neck and along the course of the large nerves to the tips of the fingers. The intensity of the pain in-

creased toward evening, and on change of temperature or position. The suffering was intense, due not alone to the neuralgic pain, but also to a tender condition of the integument and cellular tissue of the affected part.

The pain subsided after the first week, but six weeks elapsed before the patient was at all comfortable. During the attack and for months after, she was much depressed and her physical condition greatly enfeebled. She has quite recovered her strength now, but on exposure still has pain and tenderness of the face. I might add that the injection of the acid permanently removed the hypertrophied mucous membrane.

E. F., age 44.—January 17, 1890, I removed a portion of the hypertrophied left middle turbinated body. On the 3d of February, I attempted to remove another portion of the same middle turbinated; while doing so, I felt what I feared was the separation of the whole bone from its attachment. I desisted at once. A good deal of hemorrhage followed, but little pain. The following day the patient reported that about three hours after the operation, she began to suffer from pain and tenderness over the left frontal region, extending to the occiput and down the back of the neck to the left shoulder. She felt dizzy, and feared at times she would fall. It is now three months since the operation, and although much better, still has some numbness of that side of the face and neck.

The next two cases occurred under the care of Dr. James E. Nichols, to whom I am indebted for permission to report them.

S. I., age 25.—In October, 1889, Dr. Nichols removed a spur from the right side of the septum. The patient seemed greatly impressed by the operation. Although the pain and hemorrhage were slight, he fainted. The following morning he complained of a dull aching in the occipital region, which extended down

the spine, and was specially severe in the dorsal region. There was also considerable pain under the right eye and a feeling of constriction around the head. He was much depressed, felt weak and disinclined to work. These symptoms were pronounced and severe for three weeks, when he began to improve, but is not well yet, as he still has occasional aching in the cervical region and the occiput, a nervous, restless feeling, and considerable insomnia.

Mrs. E. F. W., age 44, came under Dr. Nichol's care in September, 1888. She had always been considered to be of a nervous temperament. Eight years ago, she had an operation for lacerated cervix. After the operation she said she suffered many weeks from nervous prostration. Three years ago she had a mild attack of sunstroke. When seen by Dr. Nichols, she had a troublesome cough, which he thought was due to congestion of the pharynx. After remaining under his care for three weeks, she returned home much benefitted. In October, 1889, she again visited Dr. Nichols, as the cough still continued. On the 16th of October, he removed a portion of the left middle turbinated body with Weir's forceps, and used the galvano cautery on the inferior turbinated of the same side. The pain was not severe, but the patient vomited and complained of tenderness and pain in the back of the neck. October 28th, the galvano cautery and chromic acid were used to the right inferior and middle turbinated bodies. Soon after the applications she had pains in the head and an aching of the neck and shoulders. For several days she felt sore all over, the knees being particularly lame and tender. When she seemed quite well again, the doctor removed some mucous membrane from the left middle turbinated body with the cold wire snare. He also applied chromic acid to the posterior extremities of the

inferior and middle turbinated of the right side. The application of the chromic acid was followed by intense pain in the back of the neck, throat, top of the head, elbows, wrists, knees and ankles, in fact, as Dr. Nichols says, it seemed a "storm of pain." This condition continued for several hours, when she was removed to her apartment and put to bed. Remedies were used to relieve the pain and produce sleep, but they had little effect. The following day she had great pain over the bridge of the nose, vertex, back of the neck, anterior border of the sterno mastoid muscles, and extending to the tips of the fingers. She was unable to move any part of the body without severe pain and tenderness, and suffered also from partial aphonia, which became complete at times.

On the third day after the operation she fell into a cataleptic state, from which she could be aroused with difficulty—pupils contracted, respiration shallow, heart's action normal. This cataleptic condition continued over an hour, and recurred daily for the succeeding ten days. General hyperæsthesia was very marked. Exposure to the air or the slightest touch caused great pain. These symptoms continued with little improvement for the next two weeks, when a tender red swelling appeared on the left instep, and also one in the palm of the left hand. These spots puffed up at times and became extremely sensitive.

On the 23d of November (over a month after the operation), she had improved sufficiently to allow of her removal to Mount Vernon. The change seemed beneficial, and a month later she was removed to her home in Vermont. At the present time she is far from being in her usual health. The swelling on instep and palm of hand are now quite hard and tender when pressed.

This case was seen by several physicians in consultation with Dr. Nichols and pronounced peripheral neuritis.

These cases represent three classes of affections, following operations, viz.,—neurasthenia, neuralgia, and peripheral neuritis. My first two cases and one of Dr. Nichols showed marked symptoms of neurasthenia, immediately following the operations. While these patients would be considered as belonging to the neurotic type, none had previously shown any of the symptoms they now developed, nor had they any reason for posing as invalids or objects of sympathy. I was very careful not to make any suggestions or ask any leading question about the feelings of these patients, but allowed them to describe their symptoms in their own words. I mention this as Dr. Seguin, in writing of traumatic neuroses, says that suggestions or leading questions planted in such a psychic soil are pretty sure to bear fruit. They germinate and expand later in the form of new and interesting symptoms, the reality of which the patient never doubts. The neurasthenic cases bear a marked similarity in their histories. The sudden development of the symptoms immediately after the operation, all complained of pain and peculiar feelings in the frontal region and between the eyes, constriction around the head and pain in the occiput, inability to read or sustain thought, great depression of spirits and hopelessness about the future. They are quite unable to perform their ordinary duties and employment, and feel they will never be able to do so, and are constantly fearing some new affliction.

The prognosis of traumatic neurosis following railway and other serious accidents, is said to be very unfavorable, but judging from these cases recovery seems certain, although prolonged. It seems to depend somewhat on the severity of the shock and the condition of the patient at the time of the operation.

The cases of Mrs. W. and Mrs. F., were more neuralgic in their character, while both suffered from depression and other neurasthenic symptoms ; it was probably due to the extreme pain they experienced. I might relate many cases of pain in the teeth, eye, ear, face and head, attending operations on the nasal passages, but it would be only making statements with which many of you are already familiar.

In conclusion, gentlemen, I think you will bear me out in the statement that operations in the nasal passages should not be undertaken lightly, and with the impression that if they don't do any good they will not be harmful. Also that great experience and judgment may be required to determine the cases suitable for operation and likely to be benefitted thereby.

The cases I have given you to-night bring before us another condition which must be always taken into consideration, and from my present experience I would advise a careful inquiry into the past history of each case before operation, and a careful examination of the present state of the nervous system. If the patient is very neurotic or gives a history of having suffered from what is called nervous prostration, although the physical condition might be excellent, I would discourage operative measures, unless imperatively demanded.*

*I relate the following incident as an amusing illustration of the effect of impressions on some persons :—

One of the lady type-writers who made copies of this article ; while reading the description of the grating of the saw in the patient's nose, became hysterical and, as she expressed it, nervously prostrated at the idea, and was unable to work the remainder of the day.

